

PTO/SB/22 (12-04)

Approved for use through 7/31/2006. OMB 0651-0031

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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2005</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) <b>120-153</b>	<b>RECEIVED CENTRAL FAX CENTER MAY 11 2005</b>
Application Number <b>09/721488</b>		Filed <b>11/22/2000</b>	
For <b>System, Device and Method for Limiting Tunnel Traffic in an Information Communication</b>			
Art Unit <b>2665</b>		Examiner <b>Davis</b>	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ 120	\$ 60	\$ <u>120.00</u>
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ 450	\$ 225	\$ _____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ 1,020	\$ 510	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ 1,590	\$ 795	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ 2,160	\$ 1,080	\$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>502569</u> . I have enclosed a duplicate copy of this sheet.			
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>38549</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____			
<u>Lindsay McGuinness</u> Signature		<u>5/11/2005</u> Date	
<u>Lindsay McGuinness</u> Typed or printed name		<u>978-264-6664</u> Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of _____ forms are submitted.			

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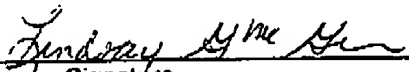
Serial No.: 09/721488  
Attorney Docket No: 120-153

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Transmittal	x 2	2 pages	
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Amendment		28 pages	
TOTAL PAGES Including cover	33		

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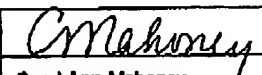
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/721488
	Filing Date	11/22/2000
	First Named Inventor	Hass
	Art Unit	2665
	Examiner Name	Davis
Total Number of Pages in This Submission	Attorney Docket Number	120-153

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: <b>PLEASE CHARGE ANY FEE DEFICIENCY, INCLUDING THE ISSUE FEE, OR CREDIT ANY OVERPAYMENT TO DEPOSIT ACCOUNT NO. 502569</b>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Steubing McGuinness & Manaras LLP		
Signature			
Printed name	Lindsay G. McGuinness		
Date	May 11, 2005	Reg. No.	38549

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Signature			
Typed or printed name	Carol Ann Mahoney	Date	May 11, 2005

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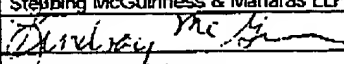
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Signature			
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